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CONFIRMATION NO. 7609

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.																		
10/517,170	08/22/2005 RULE	029	3725	04812/LH																		
APPLICANTS Shinichiro Aoe, Kawasaki-shi, JAPAN; Masaki Kobayashi, Tokyo, JAPAN; Hiromasa Hayashi, Kawasaki-shi, JAPAN; Daijiro Yuasa, Tokyo, JAPAN; Masaji Tomiyama, Tokyo, JAPAN; ** CONTINUING DATA ***** This application is a 371 of PCT/JP03/10511 08/20/2003 ** FOREIGN APPLICATIONS ***** JAPAN 2002-247462 08/27/2002 JAPAN 2003-59120 03/05/2003 JAPAN 2003-75121 03/19/2003 JAPAN 2003-147108 05/26/2003 ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **																						
<table border="1"> <tr> <td>Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Met after Allowance</td> <td>STATE OR COUNTRY</td> <td>SHEETS DRAWINGS</td> <td>TOTAL CLAIMS</td> <td>INDEPENDENT CLAIMS</td> </tr> <tr> <td>35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> <td></td> <td>JAPAN</td> <td>23</td> <td>75</td> <td>2</td> </tr> <tr> <td>Verified and /EDWARD THOMAS TOLAN/ Acknowledged Examiner's Signature</td> <td>Initials</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>					Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS	35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		JAPAN	23	75	2	Verified and /EDWARD THOMAS TOLAN/ Acknowledged Examiner's Signature	Initials				
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ADDRESS FRISHAUF, HOLTZ, GOODMAN & CHICK, PC 220 Fifth Avenue 16TH Floor NEW YORK, NY 10001-7708 UNITED STATES																						
TITLE Process for producing hot-rolled steel strip and apparatus therefor																						
FILING FEE RECEIVED 2370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit												
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